


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 29, 2008 8:00 A.M.
Secretary of State

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| DOCUMENT # N41878 | |  | |
| 1. Entity Name L'EXCELLENCE CONDOMINIUM ASSOCIATION, INC. | | | |
| Principal Place of Business 5757 COLLINS AVE. ADMIN OFFICE MIAMI BCH, FL 33140 US | | Mailing Address 5757 COLLINS AVE. ADMIN OFFICE MIAMI BCH, FL 33140 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Subs. Apt. #, etc. | | Subs. Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 65-0247650 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIR STE 1102 CORAL GABLES, FL 33134 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | FL | Zip Code |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when establishing)</small> | | | |
| Filing Fee to \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAROLI, JUAN M | NAME | 5001355355 |
| STREET ADDRESS | 5757 COLLINS AVE. B01 | STREET ADDRESS | 10/01/08--01052--012 |
| CITY-ST-ZIP | NORTH MIAMI BEACH, FL 33160 | CITY-ST-ZIP | **61.25 |
| TITLE | VP <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VARGAS, JOSE DR | NAME | |
| STREET ADDRESS | 5757 COLLINS AVE, 606 | STREET ADDRESS | |
| CITY-ST-ZIP | NORTH MIAMI BEACH, FL 33160 | CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROQUE, OLGA | NAME | |
| STREET ADDRESS | 5757 COLLINS AVE. 1605 | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33140 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUNTER, SONDR | NAME | |
| STREET ADDRESS | 5757 COLLINS AVE. | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33140 | CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WADSWORTH, CHRISTOPHER | NAME | D |
| STREET ADDRESS | 5757 COLLINS AVE #2004 | STREET ADDRESS | Garafda Salgines |
| CITY-ST-ZIP | MIAMI BEACH, FL 33140 | CITY-ST-ZIP | 5757 Collins Ave # 1406 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information furnished on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: _____ | | 03/26/08 786.536.2092 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | |